

NOTE: The inclusion of false, erroneous, or incomplete information may subject the person giving the Report to the penalties of 2 U.S.C. § 437c.

<i>7/1/94</i>	<i>Darlene E. Wynn</i>	
Type of Filer	Name of Treasurer	Address of Treasurer
Individual	Bartbara E. Wynn	1500 31st Street NW Washington, DC 20007
<p>Check one if Name of Treasurer has changed since last report and is the best of my knowledge and belief is in full compliance with applicable law.</p> <p>(Select from the following list of categories) <i>None of the above</i></p> <p>1. Donor and Organization Combined in Contribution 2. Donor and Organization Combined in Contribution 3. Donor and Organization Combined in Contribution 4. Donor and Organization Combined in Contribution 5. Donor and Organization Combined in Contribution 6. Donor and Organization Combined in Contribution 7. Total Disbursements (Item Lines 3d)</p>		
6. <i>64604.84</i>	<i>\$ 64604.84</i>	<i>64604.84</i>
7. <i>78571.00</i>	<i>\$ 78571.00</i>	<i>78571.00</i>
8. <i>143175.84</i>	<i>\$ 143175.84</i>	<i>143175.84</i>
9. <i>0.00</i>	<i>\$ 0.00</i>	<i>0.00</i>
10. <i>80660.84</i>	<i>\$ 80660.84</i>	<i>80660.84</i>
11. <i>99857.64</i>	<i>\$ 99857.64</i>	<i>99857.64</i>
<p>SUMMARY Consignee 6/30/94 Amount 6/30/94 COLUNN A THE PERIOD COLUNN B</p>		

(b) Is this Report an Amendment? YES NO

In the course of _____

 Transaction Report

The third day report following the General Election in _____

 AFY 31 Mid Year Report (Non-Biennium Year Only)In the course of _____
action on _____
1776 **to** **1894** January 31 Year End Report

The third day report preceding

 January 31 Year End Report

January Report Date _____
 January 31 February 28 March 31
 April 30 May 31 June 30
 July 31 August 31 September 30
 October 31 November 30 December 31

 October 16 Quarterly Report AFY 16 Quarterly Report**A. TYPE OF REPORT**

<p>Organization (see reverse side for details)</p> <p><input checked="" type="checkbox"/> This organization has qualified as a non-Biennium election year organization</p> <p>2. RECORDATION NUMBER 4000111559</p> <p>3. CITY, STATE AND ZIP CODE New York, NY 10055</p> <p>55 EAST 52nd STREET</p> <p>Address (number and street) <input type="checkbox"/> Check if address has previously reported</p>	
<p>1. NAME OF COMMITTEE (if any) GENERAL ELECTION RECEIVED COMMISSIONER</p>	

REPORT OF RECEIPTS AND DISBURSEMENTS

For other than an Annualized Committee

Report Period

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

NAME OF COMMITTEE
PAGE 2, REC FORM 20
(version 1/1991)

RECEIPT/CONTRIBNS REC'D
FORM 6/1/94 10. 6/30/94
CASH FAC

COLUMN A	COLUMN B	COLUMN C
TOTAL THIS PERIOD	DISBURSES	RECEIPTS

1. RECEIPTS

a. Individual/Partnership Other Than Political Committees

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Political Committees (add a, b and c)

e. Total Unitemized

f. Itemized (see Schedule A)

g. Total

h. Political Party Committees

i. Other Political Committees (such as PACs)

j. Total Other Political Committees (add e, f, g and h)

k. Total Receipts Received

l. Total Receipts Received From Political Committees

m. Total Receipts Received From Other Than Political Committees

n. Total Receipts Received From Individuals

o. Total Receipts Received From Other Than Political Committees

p. Total Receipts Received From Individuals

q. Total Receipts Received From Other Than Political Committees

r. Total Receipts Received From Individuals

s. Total Receipts Received From Other Than Political Committees

t. Total Receipts Received From Individuals

u. Total Receipts Received From Other Than Political Committees

v. Total Receipts Received From Individuals

w. Total Receipts Received From Other Than Political Committees

x. Total Receipts Received From Individuals

y. Total Receipts Received From Other Than Political Committees

z. Total Receipts Received From Individuals

aa. Total Receipts Received From Other Than Political Committees

bb. Total Receipts Received From Individuals

cc. Total Receipts Received From Other Than Political Committees

dd. Total Receipts Received From Individuals

ee. Total Receipts Received From Other Than Political Committees

ff. Total Receipts Received From Individuals

gg. Total Receipts Received From Other Than Political Committees

hh. Total Receipts Received From Individuals

ii. Total Receipts Received From Other Than Political Committees

jj. Total Receipts Received From Individuals

kk. Total Receipts Received From Other Than Political Committees

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nn. Total Receipts Received From Individuals

oo. Total Receipts Received From Other Than Political Committees

pp. Total Receipts Received From Individuals

qq. Total Receipts Received From Other Than Political Committees

rr. Total Receipts Received From Individuals

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uu. Total Receipts Received From Other Than Political Committees

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zz. Total Receipts Received From Individuals

aa. Total Receipts Received From Other Than Political Committees

bb. Total Receipts Received From Individuals

cc. Total Receipts Received From Other Than Political Committees

dd. Total Receipts Received From Individuals

ee. Total Receipts Received From Other Than Political Committees

ff. Total Receipts Received From Individuals

gg. Total Receipts Received From Other Than Political Committees

hh. Total Receipts Received From Individuals

00:00
00:00
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4
0
3
1
3
0
0
8

	Customer ID	Customer Name	Address	City	State	Zip	Phone	Fax	Email	Comments
00:00	1234567890	John Doe	123 Main Street	Anytown	CA	9876543210	(555) 123-4567	(555) 123-4568	john.doe@anytown.com	Customer is a new client.
00:00	9876543210	Jane Doe	456 Elm Street	Anytown	CA	9876543210	(555) 123-4567	(555) 123-4568	jane.doe@anytown.com	Customer is a returning client.
00:00	1234567890	John Doe	123 Main Street	Anytown	CA	9876543210	(555) 123-4567	(555) 123-4568	john.doe@anytown.com	Customer is a new client.
00:00	9876543210	Jane Doe	456 Elm Street	Anytown	CA	9876543210	(555) 123-4567	(555) 123-4568	jane.doe@anytown.com	Customer is a returning client.

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SECTION C. SECURITY REQUIREMENTS

EXHIBIT E

Page 1 of 16

DATE PREPARED		PREPARED
<i>7-19-94</i>		
RECEIVED DATE OF RECEIPT		
<input type="checkbox"/> Other (Specify): POSTMASTER		
<input type="checkbox"/> Records Received from the Senate Office of Public DATE OF RECEIPT		
<input type="checkbox"/> And Registration Received from the House Office of Records DATE OF RECEIPT		
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Registered Certified Mail POSTMASTER		
<input type="checkbox"/> First Class Mail POSTMASTER		
<input checked="" type="checkbox"/> Hand Delivered DATE OF RECEIPT <i>7-19-94</i>		
The Commission has added this page to the end of this filing to indicate how it was received.		
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS Federal Election Commission		

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